

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1944

Registration District No. 268

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5505

15391

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Deming
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____ years, months or days) 1 year3. (a) PRINT FULL NAME Calep Johnson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race De negro
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ledor Johnson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 15 1901
 (Month) (Day) (Year)

8. AGE: Years 43 Months 5 Days 16
 If less than one day _____ hr. _____ min.

9. Birthplace Washington Co. Miss.
 (City, town or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business
- Farmer

12. Name
- Charlie Johnson

13. Birthplace
- Washington Co. Miss.
-
- (City, town or county) (State or foreign country)

14. Maiden name
- Ola Washington

15. Birthplace
- Washington Co. Miss.
-
- (City, town or county) (State or foreign country)

16. (a) Informant
- Ledor Johnson

- (b) Address
- RT 2 Portageville Mo

17. (a)
- Burial
- (b) Date thereof
- 3-3-1944
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Portageville Mo

18. (a) Signature of funeral director
- John H. Dean

- (b) Address
- Portageville Mo

19. (a)
- 4-20-1944
- (b)
- J. J. Carey
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Deming
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. South of Portageville, 5 mi
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 1
 year 1944 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from 2-29
 _____ 1944 to 3-1 1944
 that I last saw him alive on Feb. 29 1944
 and that death occurred on the date and hour stated above.

- Immediate cause of death Chy. Myocarditis with 2 yrs
mitral insufficiency probably
 Due to _____

- Due to _____
 Other conditions Malignant Hypertension?
 (Include pregnancy within 3 months of death)

- Major findings:
 Of operations _____
 Of autopsy 93d

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature John H. Dean (M. D. or other)
 Address Portageville Mo Date signed 3-9-44

4-44-82

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Noel C. Deary 941
Licensed Embalmer No. Portageville
P. O. Address no

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.